

Cedar Grove - Belgium School District

JULY 2021 COVERAGE ELECTION/WAIVER FORM

24-30 Hour Week Employee

Please complete to indicate your elections/waivers for STD, LTD Life, Voluntary Life coverage, and/or Accident and Vision.

Life/STD/LTD (100% paid by CGBSD)

I elect coverage under the Basic Life, STD, and LTD policies through Mutual of Omaha

Voluntary Life (See MOO enrollment form for rates)

I elect or waive coverage under the Voluntary Life plan through Mutual of Omaha for:

Self Spouse Dependent

Accident (See UHC enrollment form for rates)

I elect or waive coverage under the Voluntary Accident plan through United Healthcare for:

Self Employee & spouse Employee & Children Family

Vision (See UHC enrollment form for rates)

I elect or waive coverage under the Vision plan through United Healthcare for:

Self Employee & spouse Employee & Children Family

Consequences of Waiver: I understand that by waiving any coverage above, I forfeit my right to coverage. I also understand that, if I apply later, I will be considered a late enrollee. I further understand that late enrollees may be declined from coverage, excluded from coverage for a period of time, or subject to pre-existing limitations.

Signature _____

Date _____

Print Name _____
